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INNOVATION DIVISION CANTOR FITZGERALD, L.P. 110 EAST 59TH STREET (6TH FLOOR) NEW YORK, NY 10022

07/10/2003

10/616,779

(Depositor's name

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03-7113

(Signature APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO Kenneth A. Scott

TITLE OF INVENTION: SIMULCAST PARI-MUTUEL GAMING MACHINE WITH CASINO AND LOTTERY STYLED WAGERS FOR CONTINUOUS PLAY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional YES		\$755	\$300	\$0	\$1055	08/27/2010
EXAM	INER	ART UNIT	CLASS-SUBCLASS]		
D'AGOSTINO, P	AUL ANTHONY	3714	463-028000	-		
CFR 1.363). Change of corresp Address form PTO/S "Fee Address" inc	lication (or "Fee Address 32 or more recent) attack	inge of Correspondence	2. For printing on the patent front page, list (I) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printent.		era 2	. Farbanish

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

CANTOR INDEX LLC New York, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): 🚨 Individual 🌋 Corporation or other private group entity 📮 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.

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5. Change in Entity Status (from status indicated above)

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/Glen R. Farbanish/ August 23, 2010 Authorized Signature Glen R. Farbanish 50,561 Typed or printed name Registration No.

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